

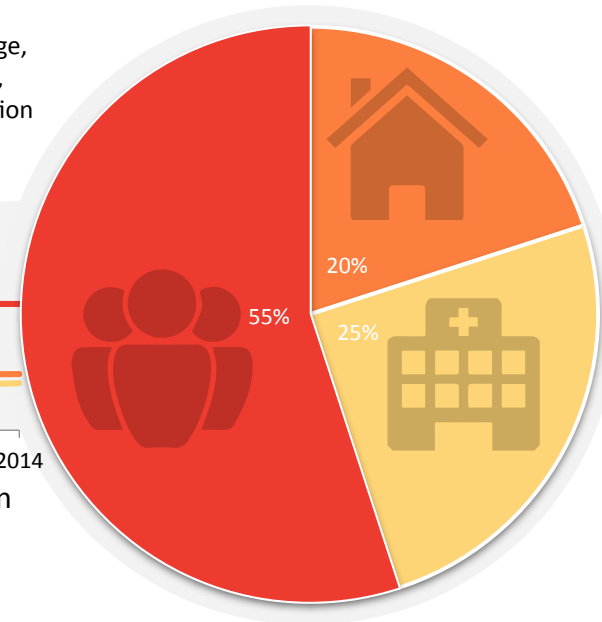
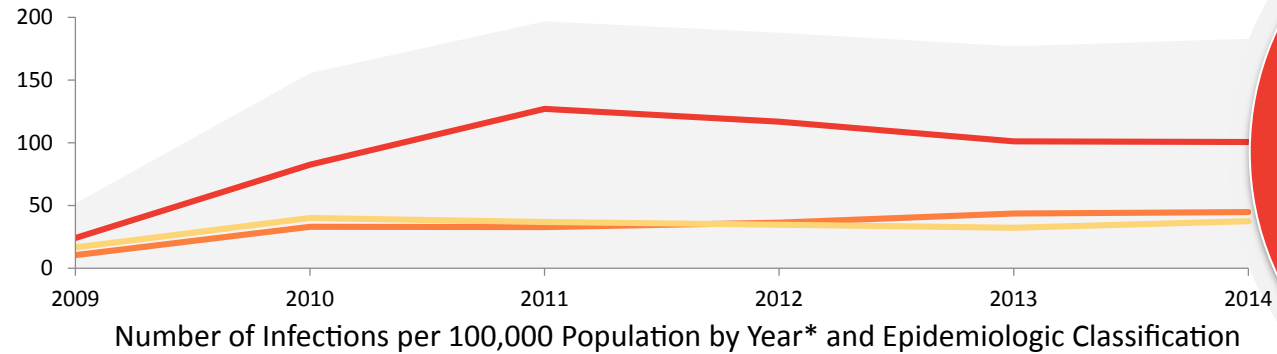
Clostridium difficile Sentinel Surveillance, 2014

Epidemiologic Classification

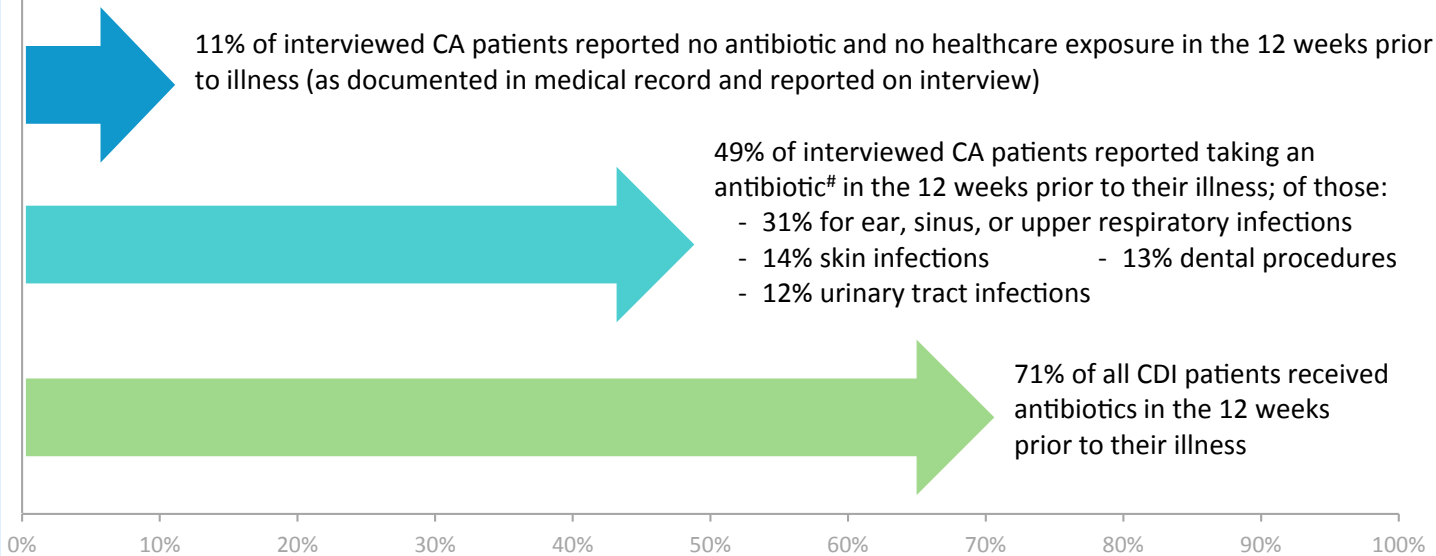
- Total *C. difficile* Infections (CDI)**
- Community Associated (CA)**
developed CDI in the community and had no overnight stay in a healthcare facility in the past 12 weeks.
- Community Onset, Healthcare Facility Associated (CO-HCFA)**
developed CDI in the community and had an overnight stay in a healthcare facility in the past 12 weeks.
- Healthcare Facility Onset (HCFO)**
developed CDI in a healthcare facility and had CDI specimen collected 4 days after admission.

- A healthcare facility is defined as an acute care hospital, long-term acute care hospital, or long-term care facility.

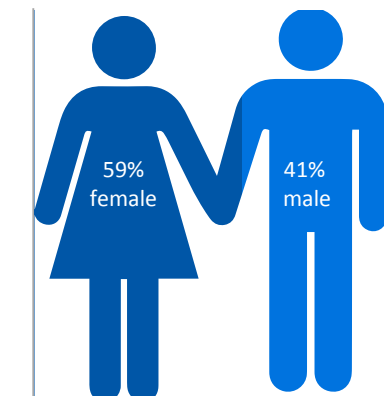
In 2009 the Minnesota Department of Health (MDH) Emerging Infections Program (EIP) began laboratory, population-based active surveillance for *Clostridium difficile* Infection (CDI) in collaboration with the Centers for Disease Control and Prevention (CDC). The surveillance includes all patients at least 1 year of age, with positive *Clostridium difficile* tests who reside in Benton, Morrison, Olmsted (added in 2012) Stearns, and Todd counties. Patients are categorized into three epidemiologic classifications depending on the location and timing of the *C. difficile* positive sample in relation to healthcare exposure.



Prior Antibiotic Use (Risk Factors)

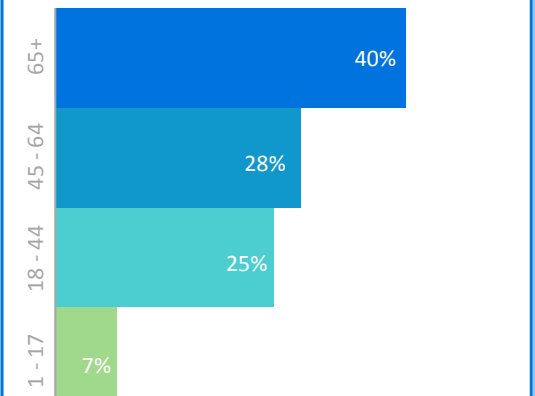


6 of 10 people with CDI are female



Infections by Sex

4 of 10 people with CDI are older than 65



Infections by Age

* Incidence rates, per 100,000 population, based on estimated 2013 population (ages >1 yr.) data for Benton, Morrison, Olmsted, Stearns, and Todd Counties

** One major clinical laboratory switched laboratory testing methods from EIA to PCR in 2010

May have taken >1 antibiotic or for >1 problem

Because *C. difficile* is reportable in only 5 counties, the results may not be generalizable to the entire state of Minnesota